

VOLUNTEER SERVICE AGREEMENT—NATURAL & CULTURAL RESOURCES

1. <input type="checkbox"/> INDIVIDUAL		2. <input type="checkbox"/> GROUP	
3. NAME OF AGENCY		4. AGREEMENT #	
5. NAME OF VOLUNTEER (First, Last)		6. U.S. CITIZEN OR PERMANENT RESIDENT <input type="checkbox"/> Yes <input type="checkbox"/> No, list visa type _____	
7. NAME OF GROUP		8. NAME OF GROUP CONTACT (First, Last)	
9. STREET ADDRESS		10. CITY, STATE, ZIP CODE	
11. EMAIL ADDRESS	12. PHONE Home: Mobile:	13. AGE <input type="checkbox"/> Under 15 <input type="checkbox"/> 15 - 18 <input type="checkbox"/> 19 - 25 <input type="checkbox"/> 26 - 35 <input type="checkbox"/> 36 - 54 <input type="checkbox"/> 55 and Older	
14. ETHNICITY & RACE (Optional): Please report both ethnicity and race and tell us if you are a veteran or have a disability. Multiracial respondents may select two or more races. This information will inform our understanding of diversity and inclusion among the volunteer force in the natural and cultural resource areas.			
14a. Ethnicity (Select one): <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	14b. Race (Select one or more, regardless of ethnicity): <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander		14c. Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No 14d. Do you have disability? <input type="checkbox"/> Yes <input type="checkbox"/> No
EMERGENCY CONTACT INFORMATION			
15. NAME (Last, First)	16. PHONE Home: Mobile:	17. EMAIL ADDRESS	
18. STREET ADDRESS	19. CITY, STATE, ZIP CODE		
GOVERNMENT OFFICIAL COMPLETES THIS SECTION			
20. AGENCY CONTACT NAME (Last, First)		21. AGENCY CONTACT EMAIL & PHONE	
22. REIMBURSEMENTS APPROVED: <input type="checkbox"/> Yes <input type="checkbox"/> No Type and Rate of Reimbursement:		23. VOLUNTEER POSITION/GROUP PROJECT TITLE:	
24. Description of service to be performed. Provide a brief abstract of volunteer or service activity and the location of the volunteer activity, and attach description of service to be performed. Service description should include details such as time and schedule commitment, use of government vehicle, use of personal equipment and/or vehicle, skills required (note certifications if necessary), level of physical activity required, etc. If this is a group agreement, the leader is to provide the group name and attach a complete list of group participants or optional form 301b for each volunteer. <hr/> VOLUNTEER/SERVICE ACTIVITY ABSTRACT See Below and associated Adopt-A-Trail Manual.			
25. Check all that apply: <input checked="" type="checkbox"/> Description of service attached <input type="checkbox"/> List of group participants/optional form 301b attached <input checked="" type="checkbox"/> Job Hazard Analysis <input type="checkbox"/> Valid Driver's License Verified (if required)			

PARENTAL CONSENT FOR VOLUNTEER UNDER AGE 18		
26. PARENT OR LEGAL GUARDIAN (First, Last)	27. PHONE Home: Mobile:	28. EMAIL ADDRESS
29. STREET ADDRESS	30. CITY, STATE, ZIP CODE	
31. I affirm that I am the parent/guardian of the above named volunteer. I understand that the agency volunteer program does not provide compensation, except as otherwise provided by law; and that the service will not confer on the volunteer the status of a Federal employee. I have read the attached description of the service that the volunteer will perform. I give my permission for _____ to participate in the specified volunteer activity. <div style="text-align: center;">(NAME OF YOUTH)</div>		
32. Parent/Guardian Signature		Date
VOLUNTEER & GROUP LEADER AFFIRMATION		
33. I understand that I will not receive any compensation for the above service and that volunteers are NOT considered Federal employees for any purpose other than tort claims and injury compensation. I understand that volunteer service is not creditable for leave accrual or any other employee benefits. I also understand that either the government or I may cancel this agreement at any time by notifying the other party. I understand that my volunteer position may require a reference check, background investigation, and/or a criminal history inquiry in order for me to perform my duties. I understand that all publications, films, slides, videos, artistic or similar endeavors, resulting from my volunteer services as specifically stated in the attached job description, will become the property of the United States, and as such, will be in the public domain and not subject to copyright laws. I understand the health and physical condition requirements for doing the work as described in the job description and at the project location, and certify that the statements I have checked below are true: <input type="checkbox"/> I or group leader know of no medical condition or physical limitation that may adversely affect my or members of the group ability to provide this service. If a group see attached OF301b. <input type="checkbox"/> I or a member of the group have a medical condition or physical limitation that may adversely affect my ability to provide this service and have informed the Government Representative. If a member of a group see attached OF301b. <input type="checkbox"/> I or group member do not consent to being photographed or to the release of my photographic image. If a member of a group see attached OF301b.		
I do hereby volunteer my services as described above, to assist in authorized activities at _____ and I agree to follow all applicable safety guidelines. See attached OF301b attached if a member of a group. <div style="text-align: right;">(NAME OF FEDERAL AGENCY)</div>		
34. Signature of Volunteer or Group Leader		Date
The above-named agency agrees, while this arrangement is in effect, to provide such materials, equipment, and facilities that are available and needed to perform the service described above, and to consider you as a Federal employee only for the purposes of tort claims, liability and injury compensation to the extent not covered by your volunteer group, if any.		
35. Signature of Government Representative		Date
TERMINATION OF AGREEMENT		
36. Agreement Terminated Date:		Total Hours Completed:
37. Signature of Government Representative:		
PUBLIC BURDEN STATEMENT		
According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0596-0080. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. USDA, DOI, DOC and DOD prohibit discrimination in all programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status. Not all prohibited bases apply to all programs.		
PRIVACY ACT STATEMENT		
Collection and use is covered by Privacy Act System of Records OPM/GOVT-1 and USDA/OP-1, and is consistent with the provisions of 5 USC 552a (Privacy Act of 1974), which authorizes acceptance of the information requested on this form. The data will be used to maintain official records of volunteers of the USDA and USDI for the purposes of tort claims and injury compensation. Furnishing this data is voluntary, however if this form is incomplete, enrollment in the program cannot proceed.		

Description of Services: This agreement is for General Trails as well as Adopt-A-Trail Program Participation.

LOCATION: Trails, Roads, and Trailheads on the Prescott National Forest

SCHEDULE AND APPROVAL: For general trails work projects must be approved by the volunteer's authorized Forest Service project leader in writing before beginning work. For adopt-a-trail activities volunteers will follow check in and check out procedures as outlined on the Adopt-A-Trail Tailgate Safety and Accomplishment Reporting form.

REPORT WORK ACCOMPLISHED: General Volunteer activity hours are tracked by FS employees, crew leaders, or other volunteers, general volunteers are not responsible for tracking hours or accomplished work. Adopt-a-Trail volunteers must completely fill out and turn in tailgate forms ASAP after completing work on their adopted trails.

SAFETY AND TRAINING: Volunteers will be trained in and adhere to all Forest Service safety and customer service procedures including Forest Service ethics and conduct, job hazard analysis (JHAs), communications, volunteer roles and responsibilities, and the terms of this agreement. All work will be done in accordance with Forest Service safety standards. Tailgate safety forms and sign-in will be filled out prior to the start of work, as well as the review of any pertinent JHAs. Tool use or specialized equipment orientation will be conducted at the start of events/projects. Use of chainsaws is prohibited without FS training and authorization. Adopt-A-Trail volunteers are required to have the following additional trainings: 1st aid/CPR, Blood Borne Pathogen, and Hazardous Communications Training.

PROJECT WORK: Trail maintenance and construction: Work may consist of trail brushing to Forest standards and tread maintenance which includes grubbing and digging to establish tread, outslope, and prevent erosion. Work will include, but not be limited to, hiking on uneven terrain, digging in dirt and rock, bending and stooping, using hand tools (e.g., Pulaski, shovel, pick mattock, McLeod, rock bar, lopper, pruning saw, etc.), moving soil and rock, working outdoors in a variety of weather conditions, and moderate to heavy lifting. Additional work may include working around mechanized trail equipment, installing signs, rehabilitating unauthorized or rerouted trails, and maintenance work associated with trailheads.

OTHER PROVISIONS:

Volunteers working under this agreement will be responsible for his/her transportation to and from the work site. The Forest Service will not provide reimbursement for fuel or vehicle maintenance under this agreement.

Volunteers will provide their own personal items (including clothing, medications, sun protection, rain gear, etc.) they may need for the work day. The Forest Service requires volunteers wear personal protective equipment (PPE) needed to comply with the USDA Health and Safety Code Handbook. PPE for general trails work includes long sleeves, long pants, eye protection, and sturdy boots. The FS will provide gloves and hard hats when necessary. All factors such as specific activity, project location, and weather must be considered in identifying required PPE. Adopt-A-Trail Volunteers will work with FS supervisor to determine what supplies they will furnish and which ones the FS will provide for working alone.

Volunteers will always have a professional, courteous, and helpful attitude when dealing with all members of the public, fellow, volunteers, and Forest Service employees.

Any work done outside of this procedure will not be covered under this volunteer agreement.

FOREST SERVICE CONTACTS:

Tony Papa, Trails and Wilderness Technician, 928-777-2216, tpapa@fs.fed.us

Jason Williams, Trails and Wilderness Manager, 928-777-2220, jwilliams12@fs.fed.us

Adriane Ragan, Forest Volunteer and Partnership Coordinator, 928-443-8216, aragan@fs.fed.us